

Greene County Medical Center
1000 W. Lincolnway, Jefferson, IA 50129



Volunteer/Auxiliary Application

Name _____ Date _____

Address _____ Phone No. _____

City, Zip _____ E-Mail address _____

(Please check one)

_____ I would like to become an **ACTIVE** member of the Greene County Medical Center Auxiliary.
(\$5.00 dues per year)

_____ I would like to become an **INACTIVE** (Supporting) member of the Greene County Medical Center Auxiliary. (\$10.00 dues per year)

As an Active Volunteer, I would be interested in the following (check all that apply):

- _____ Gift Shop Volunteer (Main Lobby)
- _____ Blood Drive
- _____ Sewing projects
- _____ Clerical (Typing, assembling packets, filing,)
- _____ Help with special events
- _____ Serve on Fundraising Committee
- _____ Serve on Scholarship Committee
- _____ Other (please specify) _____

I would like to volunteer the following day of the week(s) (Check all that apply)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Friday _____ Saturday _____ Sunday

How many hours on those days could you volunteer? (usually gift shop hours are all day unless you arrange to split the day with someone)

_____ 1 hour _____ 2 hours
_____ All Morning _____ All Afternoon _____ All day

Other Volunteer Experience

Employment Experience

Interests, Skills, Hobbies, Etc.

Reasons you wish to volunteer at Greene County Medical Center

List the names of two people to contact in an emergency. At least one name should be local and the other to be a relative.

Name _____ Phone (H) _____ (W) _____

Name _____ Phone (H) _____ (W) _____

STATEMENT OF CONFIDENTIALITY

If I am accepted into the Auxiliary and volunteer program at Greene County Medical Center, I will be bound by the hospital policy regarding confidentiality. I understand that I am **NOT** to discuss or disclose information concerning a patient or resident to anyone inside or outside the hospital while volunteering at or for Greene County Medical Center. A patient's /resident's privacy **must be respected at all times!**

I understand I will have Auxiliary orientation about HIPPA, Safety, Infection Prevention and Auxiliary training prior to becoming an active member.

I give permission to be photographed in a group or individually while working as a GCMC Auxilian or attending auxiliary sponsored events.

Signature of Applicant

Date

To Become an Auxiliary Volunteer:

- Fill out the [Volunteer Application](#) Form and the [Criminal Background Check Waiver](#). Return to Foundation Director, 1000 W Lincoln Way, Jefferson, Iowa 50129.

- Upon completion of your forms, and callback from Foundation Director:

Schedule with Employee Health to complete Volunteer Health Requirements by calling 515-515-386-0229:

1. Volunteers must be current on vaccinations and free of communicable disease
 2. Volunteers must complete a tuberculosis (TB) test and present the results to volunteer services before beginning service. We will provide the test free of charge.
 3. Volunteers must have a current flu vaccination before beginning service. We will provide the vaccination free of charge.
- Complete the volunteer orientation program
 - Complete position-specific training

New Member Checklist

- ☐ Application returned to Foundation Director
- ☐ Background check approved by HR and returned to Foundation Director
- ☐ Foundation Director will call applicant to notify them of Background check completion
- ☐ Applicant schedules Employee Health appointment by calling the Medical Center's, employee health nurse 515-386-0229, once complete contact Auxiliary recruitment leader. (physical and vaccinations if needed)
- ☐ Orientation (HIPPA, Safety & Infection Prevention) scheduled by Foundation Director
- ☐ Confidentiality & Standards of Behavior forms signed
- ☐ Photo consent form signed
- ☐ I understand I am becoming an Active member of the Auxiliary. If I am not able to volunteer for 2 or more Auxiliary activities each year, I will be moved in Inactive status.
- ☐ I understand yearly training about HIPPA, safety and infection prevention and flu vaccination is required. Every four years a health physical is performed by the employee health nurse.
- ☐ Name badge/smock received from Auxiliary President.
- ☐ Gift Garden and other training from Auxiliary president and officers.